

Leave Request Form

[COMPANY LOGO]

Employee Name:	Job Title:	Date:
Employee ID:	Manager's Name:	

Please note the following:

*Leave requests must be submitted at least three weeks prior to the start date of your request.
All leave requests are subject to approval by management.*

Type of Leave Requested	
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Paternity Leave
<input type="checkbox"/> Casual Leave	<input type="checkbox"/> Bereavement Leave
<input type="checkbox"/> Non-Public Holiday Leave	<input type="checkbox"/> Sabbatical Leave
<input type="checkbox"/> Maternity Leave	<input type="checkbox"/> Compensatory Leave
<input type="checkbox"/> Unpaid Leave	<input type="checkbox"/> Other (Please Specify):

Dates Requested for Leave: ____/____/____ through ____/____/____

Return Date: ____/____/____

Employee Signature _____ Date Signed: _____

Leave Approval:

Approved

Rejected

Manager's Comments:

Manager's Signature: _____ Date Signed: _____